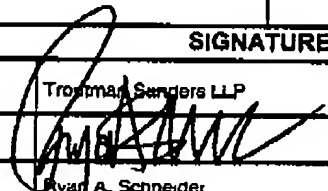
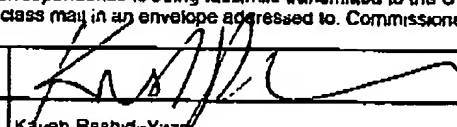


PTO/SB/21 (09-04)
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TRANSMITTAL FORM	Application Number	10/761,152	
	Filing Date	20 January 2004	
	First Named Inventor	ORNER, Edward E	
	Art Unit	2674	
	Examiner Name	EDOUARD, Patrick N	
(to be used for all correspondence after initial filing)		RECEIVED CENTRAL FAX CENTER AUG 30 2005	
Total Number of Pages in This Submission	8		
		Attorney Docket Number	POLY92

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Submiss. of PoA and Change of Correspondence Address (2pgs); PoA and Correspondence Address Indication Form (4pgs); Cert of Mailing under 1.8 (1pg)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name Troutman Sanders LLP		
Signature 		
Printed name Ryan A. Schneider		
Date 30 August 2005	Reg No	45,083

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature 		
Typed or printed name Kaveh Rashid-Yazdi	Date 30 August 2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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on 30 August 2005
Date



Signature

Kaveh Rashidi-Yazd

Typed or printed name of person signing Certificate

Registration Number, if applicable

404.885.3340

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- Transmittal Form (1 pg)
- Certification of Facsimile (1 pg)
- Submission of Power of Attorney and Change of Correspondence Address (2 pgs)
- Power of Attorney and Correspondence Address (4 pgs)

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Customer No.: 006980

Docket No. POLY32

RECEIVED
CENTRAL FAX CENTER**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

AUG 30 2005

In re application of)	Confirmation No.: 2560
)	
ORNER, Edward E.)	Group Art Unit: 2674
)	
Serial No.: 10/761,152)	Examiner: EDOUARD, Patrick N.
)	
Filed: 20 January 2004)	
)	
For: INTERACTIVE DISPLAY SYSTEMS)	

**SUBMISSION OF POWERS OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS**

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Atlanta, GA 30308-2216
30 August 2005

Sir:

This US Patent Application was filed by previous counsel. The inventors have transferred the further prosecution of this case to the present firm/practitioners and herein submit *Powers of Attorney* to such practitioners. The correspondence address for this case is also respectfully changed to the present firm/practitioners

ATTACHMENTS

Please find attached the *Powers of Attorney* and *Correspondence Address Indication Form*, wherein the inventors revoke all previous powers of attorney, and hereby appoint the practitioners with PTO Customer No. 06980.

DOCKET NUMBER

Applicant respectfully requests the docket number of this application be changed from 121901-1040 to POLY32. The prosecution of this application has been transferred to a new law firm, and its docketing procedures would benefit from this new docket number if such change is possible.

CONCLUSION

By the present filing, the prosecution of the Application has been transferred to the undersigned firm. Should the Examiner have any questions or reservations, the Examiner is invited to telephone the undersigned attorney at 404.885.2773.

I hereby certify that this correspondence is being submitted via facsimile to the United States Patent and Trademark Office at 571.273.8300 on this date.

Karen Rakidi

Name of Applicant Assignee, or
Registered Representative

[Signature]
Signature

30 August 2005
Date

Respectfully submitted,

[Signature]

Ryan Schneider

Registration No. 45,083

TROUTMAN SANDERS, LLP
Bank of America Plaza
600 Peachtree Street, Suite 5200
Atlanta, Georgia 30308-2216
Tel. No.: 404.885.2773
Fax No.: 404.962.6849

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/761,152
Filing Date	20 January 2004
First Named Inventor	Omer, Edward E.
Title	Interactive Display Systems
Group Art Unit	2672
Examiner Name	
Attorney Docket Number	POLY32

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners at Customer Number**06980**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Firm or

Individual Name

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City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Edward E. Omer</i>	Date	8-10-5
Name	Edward E. Omer	Telephone	404-382-3709
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

The collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Consistency is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/81 (11-04)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/761,152
Filing Date	20 January 2004
First Named Inventor	Omer, Edward E.
Title	Interactive Display Systems
Group Art Unit	2672
Examiner Name	
Attorney Docket Number	POLY32

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Individual Name

Address

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Country

Telephone

Fax

I am the:

☒ Applicant/Inventor:☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Michael H. Dunn

Telephone

Title and Company

CEO & PRESIDENT

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/761,152
Filing Date	20 January 2004
First Named Inventor	Omer, Edward E.
Title	Interactive Display Systems
Group Art Unit	2872
Examiner Name	
Attorney Docket Number	POLY32

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted

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Attorney Docket Number	POLY32

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Peter W. Hildebrandt</i>	Date	8/2/05
Name	Peter W. Hildebrandt	Telephone	678.542.3162
Title and Company	Director, Product Management PolyVision Corp.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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